

MASTER DATA SHEET

Please send missing information and documents to: team@adag.tv or
adag Payroll Services GmbH, Postfach 61 30 47, 10491 Berlin



Phone: +49(0)30 695.798.61
Fax: +49(0)30695.798.98

PAYROLL ACCOUNTING:
On behalf of and for the account
of the aforementioned employer

Employee (please fill out in block capitals)

This line of occupation is my

- ☐ main occupation
☐ additional occupation

Employer

Project

Employed by the employer as

Surname

First Name

Birth Name

Date of Birth

Place of Birth

Country of Birth

Full Address (street name & number)

Postcode

Town / City

I hereby declare that I am permanently resident at the aforementioned address and I support my own household.

Information for Non-EU citizens:

I hereby declare that I have a valid work permit and undertake to submit a copy thereof. I understand that if I do not do so, then my fee **cannot** be processed and paid.

- ☐ female
☐ male

Marital Status

Phone (mobile phone number if possible)

Nationality

E-mail (important!)

ELStAM/PAYE Criteria

I am currently earning an income (salary, wage, occupational pension, civil service pension, etc.) which is paid according to my individual ELStAM/PAYE tax deduction criteria. ☐ Yes ☐ No

Tax Identification Number Social Security Number

IBAN

BIC

- 1 Including this job, have you been employed in one or more short-term positions for **more than three months or 70 days** in the current calendar year? Short-term employment is any temporary employment that is limited to a maximum of three months or 70 working days over the course of the calendar year. ☐ Yes ☐ No, number of days ____
- 2 Including your earnings from this employment contract, does your income from short-term employment exceed 450 Euro gross this month? ☐ Yes ☐ No
- 3 Are you aware at this time of any other earnings from other short-term employment by which your income will exceed 450 Euro gross this month? ☐ Yes ☐ No

Name of health insurance (e.g., AOK location? Which BKK?) + Name of last statutory health insurance if privately health insured (also applies to members of PBeaK [postal employee insurance]/Freie Heilfürsorge [employer's health care for high risk occupations, emergency services, military, etc.])

- ☐ Statutory health insurance (compulsory) ☐ Statutory health insurance (voluntary; please provide proof of insurance status)
☐ Non-German health insurance ☐ Private health insurance (please provide proof of insurance status)
- If compulsorily insured: I am entitled to sick pay even when employed for less than 10 weeks.
☐ No ☐ Yes (please provide proof thereof)

- ☐ Child | Learner (up to 15 years old) ☐ Mini-job ☐ Employee | Trainee ☐ Civil servant Retired civil servant ☐ Housewife House husband
- Name and address of company
- ☐ School leaver ☐ Unemployed ☐ Employee on parental leave ☐ Employee on unpaid leave

Proof of status required, e.g., confirmation of enrolment, certification of registration, proof of voluntary insurance and/or KSK (self-employed, freelancer).

- ☐ Student (16 years and above) ☐ University applicant ☐ Undergraduate ☐ Self-employed ☐ Freelancer ☐ Pensioner
☐ "Unständig beschäftigt" ☐ Other (please specify)

- A Are you a registered job seeker/applying for training/registered as unemployed at the Bundesagentur für Arbeit? ☐ Yes ☐ No
- B Have you been employed in positions subject to social security contributions for more than three months in the current calendar year? ☐ Yes ☐ No, in which period? ____
- C Have you been a registered job seeker/applying for training/registered as unemployed at the Bundesagentur für Arbeit for more than three months in the current calendar year? ☐ Yes ☐ No, in which period? ____

- ONLY TO BE COMPLETED BY THE EMPLOYER -

Duration of employment: ____ to ____

Number of working days: ____

Daily working time (from - to): ____

Breaks within above mentioned working time (duration): ____

Gross wage:

____ €

☐ Fixed rate ☐ Daily rate

Employee identity check:

- ☐ ID Card ☐ Passport ☐ Non-EU citizen (has presented passport with VALID work permit)

X

Employer's signature

I hereby affirm that my aforementioned details are complete, and true and accurate. I hereby affirm that I shall inform adag Payroll Services GmbH of any changes without delay.

Place / Date

X

Signature of employee & legal representative

--- On behalf of and for the account of ---

STAMP & SIGNATURE

--- EMPLOYER ---

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STATUS